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## Halfway House Programs for Deaf People in the United States

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## HALFWAY HOUSE PROGRAMS FOR DEAF PEOPLE IN THE UNITED STATES

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Catherine S. Wilson

Halfway houses vary in the populations they serve, the average length of stay of the residents, treatment programs, staffing patterns, and fiscal outlay. The unifying factor is the goal to provide a transitional residence which fosters independent living skills (O'Connor, 1976). The halfway house often serves to bridge the gap between institutional living and full integration into the community. Unlike the hospital or dormitory, halfway houses are relatively small facilities, devoid of customary security provisions. Residents of a halfway house usually work or go to school in the outside community, adhering to the "normal" patterns of living (Rog & Rausch, 1976).

### Orientation to the Halfway House Concept

#### Historical Aspects

Until recently a popular method of dealing with criminal offenders, mentally ill, and physically handicapped persons was to hide them from society. Approximately one hundred years ago our states erected large institutions away from the city for each of these groups. Later it was discovered that persons deviating from the norm do not necessarily learn to adjust to the society of free men when confined; rather they acquire behaviors suited to their particular subculture (Keller & Alper, 1970).

Recidivism rates were high for offenders and the mentally ill. Many handicapped per-

sons remained second class citizens because of a lack of what the man on the street considers natural social skills. Then concerned parents and professionals sought and won support through court mandates, legislative enactment, and presidential directive to provide living conditions closer to those of the mainstream in society (O'Connor, 1976).

Recently passed legislation concerning handicapped people reflects this trend. The Vocational Rehabilitation Act of 1973 calls for integration of handicapped individuals into all aspects of society, emphasizing the importance of independence. In November of 1978 President Carter signed Amendments to the Rehabilitation Act which again stress the importance of independent living skills as an integral part of rehabilitating the handicapped. Prominent terms for those in the field of education for the handicapped are "mainstreaming" and "least restrictive environment." Public Law 94-142 supports mainstreaming when it is possible for a child to obtain a satisfactory education in a regular classroom. In any case, a child should be educated in the least restrictive environment possible.

In view of these facts, it is not surprising that the halfway house has recently been revived. Most of the halfway houses currently in existence have been established over the past ten years (O'Connor, 1976). Because halfway houses sprang up recently, sponsored by different interest groups, it is difficult to estimate how many programs there are.

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The number of halfway house facilities within a state is not directly related to the population. The reasons cited for this unequal distribution are: (1) setting of community residential facilities for the disabled as a high priority goal of professionals and groups directly influencing development; (2) subsequent lobbying with state agencies and legislatures; and (3) creative use of a variety of funding sources (O'Connor, 1976).

Most existing halfway houses serve criminal offenders, ex-mental patients, and mentally retarded persons. Persons in homes for the mentally retarded may have additional handicaps, including deafness.

### Licensing and Certification

Licenses are usually obtained from a state regulatory body and occasionally two or more licenses of the same type are required by different regulatory bodies. In addition, city, county, state, and federal agencies may require different standards. A national survey of community residential facilities for the developmentally disabled reports that only one-fourth of the facilities had problems meeting regulations; fewer come up with difficulties concerning zoning codes (O'Connor, 1976).

The suggestion is to investigate regulations before going too far in establishing halfway house facilities. Restrictions to keep in mind are limits on the number of unrelated persons who may occupy the same home, costs of permits, zoning variances and the need to be prepared to justify establishing a program at a public hearing, inspection regulations (i.e., building, fire, etc.), and local insurance requirements (O'Connor, 1976).

### Funding

Halfway houses can be constructed for considerably less than custodial institutions (Keller & Alper, 1970). The rehabilitation of residents for independent living is also viewed as saving the taxpayer money. However, it is difficult to approximate the costs for establishing and operating a halfway house. Spending varies. There is a need to standardize cost reporting systems and train halfway house staff in how to use them (O'Connor, 1976).

Many homes get started by personal financial resources, including contributions, money borrowed from friends, and financial organizations (Granberry, 1976). Small, privately owned homes go through a never ending struggle for funds. A board drawn from the community can be helpful in obtaining support and media promotion (Keller & Alper, 1970). Residents working and earning wages usually pay board on a sliding scale. Families of residents may also be willing to help out. Government grants and contracts with Vocational Rehabilitation services are additional funding resources.

### Staffing and Halfway House Type

Although the meaning of halfway house treatment is far from standardized, most programs use some kind of structure to help residents with adaptive behavior, establishing healthy relationships in a group setting, becoming involved in the community, improving social skills, and attaining vocational goals. The degree of emphasis placed on these functions depends on the population served, the director's ideas, and staffing.

Mere proliferation of halfway houses is no insurance that a larger number of persons will learn to live more independently. In fact, some established halfway houses offer low-quality custodial care or function as a typical hospital ward, the only difference being their central location in the community in a family-like setting (Rog & Rausch, 1976). Simply placing persons in community residential facilities is not enough. Halfway houses should function to aid their clients' growth by providing opportunities for life experience, guidance, and training.

Adequate, well trained staff are essential to the function of the halfway house. The full-time halfway house staff usually consists of a director and a few houseparents. Psychologists, vocational rehabilitation counselors, and social workers may be called on for ancillary services. The director's responsibilities are many faceted and may include being the administrator, chief therapist, confidant, representative of the house to parents and the community at large, and advocator of services

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(Keller & Alper, 1970).

Many halfway houses have an advisory board of directors, consisting of five to fifteen members drawn from the community (O'Connor, 1976). A board may engage in policy setting and administrative duties and prove helpful for contacts, funding, and publicity.

A majority of halfway houses use a contract approach to treatment. When a client enters a facility, an individual treatment plan is developed and reviewed periodically with the resident. Most literature suggests increasing expectations of residents in needed areas of improvement gradually while providing positive reinforcement.

To fulfill their function, halfway house programs must involve tenants in community life. Firsthand experience of various social situations helps residents learn to cope independently. In order to become a part of the community, halfway house residents should be encouraged to do their own shopping, participate in neighborhood activities including churches and clubs, and enjoy public recreational facilities.

Although rehabilitation now encompasses social and personal adjustment, vocational training remains important for increased independence and normality of life style. Most halfway houses have a good work program and keep close contacts with state vocational rehabilitation agencies (O'Connor, 1976). Some halfway houses work in direct conjunction with sheltered workshops. Competitive employment and in-house classes to develop healthy work attitudes may also be utilized by members of a halfway house.

### Credibility and Evaluation

One criticism of halfway house programs is the lack of systematic evaluation to rate their effectiveness (Rog & Rausch, 1976). Halfway houses evolved to meet the varying needs of different populations and communities; nonetheless with no standards, guidelines, or evaluation procedures, halfway house programs could easily deteriorate. In order to maintain the rapid growth in numbers of half-

way houses, research should support their existence. Persons wishing to start new programs would benefit from having statistics on the failures and successes of past programs

### Halfway House Programs For Deaf Persons

Isolation and institutionalization are two key problems in the healthy adjustment of deaf persons. According to a study by the Michael Reese Institute, "social isolation of deaf patients is far greater than seen in any other group of mentally ill persons" (Mindel & Vernon, 1971). Inadequately educated hearing impaired persons may consequently have difficulty establishing relationships because of communication problems. Anyone thrust into society after years of institutional living may encounter problems due to a lack of independent living skills.

The halfway house might be the perfect place to establish relationships, increase communication skills, learn independent living skills, and gradually ease into the community; avoiding the psychological trauma of isolation.

### Issues

Naturally, halfway house programs for deaf persons should have staff skilled in manual communication (especially Ameslan), with some educational background in deafness. Some existing halfway houses have taken a positive step by hiring deaf social workers, directors, and houseparents for programs serving deaf persons. All workers in the halfway houses for deaf persons should resist the temptation to do "for" the residents. Oftentimes, taking over seems easier and more humanitarian, but defeats the goal of promoting independent living skills. Set rules and guidelines in the programs without overdoing it. Too many rules make it easier for residents *not* to acquire their own internalized controls. Many deaf persons experience enough regimentation in large institutional schools; smaller facilities can make more allowances for individual differences.

Preliminary issues worth consideration when setting up a halfway house program for

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deaf persons include: (1) Should halfway houses be set up to serve deaf residents exclusively, and (2) On what bases should clients' eligibility for halfway house treatment be determined?

Some professionals support the idea of integrating persons from different disability groups so they can come in contact with persons different from themselves (Wright, 1960). The staring and ridicule that may be experienced in the outside world can first be experienced with others who are handicapped, too, and who perhaps have some empathetic understanding. Preliminary exposure to social relations with others minimizes hurdles to independent living. The key question is: Would the quality of services for deaf residents in an integrated program be equal to those in a program designed to meet the needs of deaf persons exclusively?

Halfway house programs serving deaf persons must set criteria for determining which potential clients will be capable of functioning independently after receiving services. A halfway house is supposed to be a *transitional* living experience. Some disabled persons may never be able to live independently and would not be appropriate candidates for halfway house treatment. Selection is also based on the staffing and services available. For example, a program may not accept referrals from mental health facilities or only accept persons with some prior satisfactory progress in vocational training.

### Fountain House

The first publicized halfway house structure which served deaf persons started because of a noticeable breakdown in the rehabilitation process when mental health patients were ready to be discharged (Rainer & Altshuler, 1966). Professionals working in the mental health unit for the deaf of New York Psychiatric Institute had considerable difficulty finding good homes for inpatients leaving the hospital and outpatients with bad homelife situations. Some placements were not successful, so patients were returned to the hospital. Months were wasted trying to

relocate patients.

For this reason, staff investigated the possibilities of placing clients in the existing "Fountain" Halfway House which served ex-hospitalized patients (Rainer & Altshuler, 1969). The patients are located in apartments near Fountain House, where they meet for training. Deaf clients were placed with hearing roommates, which later stimulated interest in Sign Language classes for the hearing members.

After a trial-and-error period, it was found that a worker with communication skills had to be responsible for deaf members to help explain the program, relate the deaf residents' duties within the community clearly, and be available for dealing with special problems (Badanes, 1973). By 1965 they incorporated a fulltime staff member to work with the deaf clients; most of the workers filling this position have been deaf themselves.

A rehabilitation counselor coupled with two social workers organized a program of deaf volunteers to help deaf clients in their re-entrance into the community. Volunteers helped with traveling to appointments, tutoring in Sign Language, and bringing in captioned films (Altshuler & Rainer, 1970). Vocational and social rehabilitation programs utilized Fountain House food service and other internal operations to teach cooking and restaurant procedures, clerical skills, housekeeping duties, and social and recreational techniques.

Residents of Fountain House apartments pay rent to Fountain House which in turn pays rent to the apartment managers, thus ensuring that the rent will be paid. Apartments can be useful for halfway house placements; they provide conveniently located, transitional units. The neighbors are often younger and offer little opposition. Apartments sometimes have less stringent zoning and fire regulations, and may be rented already furnished.

Relatively unskilled jobs are available for the apartment residents at Fountain House. A social worker accompanies eight to ten residents to the jobs for half-day shifts. After clients adjust to working, they start full-time

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employment. Outside training schools, sheltered workshops, and the office of vocational rehabilitation are additional agencies utilized by residents of Fountain House (Altshuler & Rainer, 1970).

The Fountain House project has been a success in helping to rehabilitate the deaf, emotionally disturbed patient; also demonstrating that it is possible to integrate deaf and hearing persons in the same program. As of 1973, forty deaf patients had benefited from some kind of Fountain House service (Badanes, 1973).

### **Vaughn House**

Another well established halfway house which has been in operation for nine years is Vaughn House in Austin, Texas. This non-profit organization which caters to the deaf and multi-handicapped deaf (excepting those who are non-mobile) clientele, started out with two male clients, currently has sixteen clients, and has a capacity for nineteen. Vaughn House receives funding from the Texas Rehabilitation Commission, the Texas Commission of the Blind, and also gladly accepts donations. The funding is very stable. Vaughn House staff are currently trying to get a grant from HUD in order to expand their services.

Controlled by a board of thirteen members, the staff consists of a program director, workshop director, four houseparents and a secretary. Two houseparents and the program director are deaf themselves. Community support of the two Vaughn houses is good; Vaughn House participants feel proud of their community contacts!

The primary referrals come from the state hospital and state school, although clients are accepted from any state. Most of the clients are between the ages of eighteen and thirty-nine; house staff hesitate to take older clients because they may have established life-long habits and will not be able to return to the community. Staff have also discovered that "it is easier to work with clients coming from institutional living than those overprotected by parents for thirty years" (Stedry, 1978).

The main stress of the program is on acquiring independent living skills. To aid in the at-

tainment of these skills, offered services include supervised cooking, cleaning and everyday living activities, and personal and social adjustment classes. Communication skills are taught to those in need. They operate a workshop in conjunction with the halfway house called Vaughn House, Incorporated. This is an employment shelter which does some community contract work. Some residents work at the Lighthouse for the Blind.

The client's average length of stay at Vaughn House is from one-and-one-half to two years. Residents leave with a savings account of \$1,500 and a minimum of \$300 in their checking account. There is no standing alone upon termination from the halfway house! Vaughn House does follow-up work for two months; the Division of Human Resources and other community agencies also get involved in follow-up work. Additionally, the community operates a three-quarter-of-the-way house which is less controlled than Vaughn House. Vaughn House does not have trouble finding suitable accommodations for clients leaving the program.

### **Otis House**

A smaller, more recently established program is Otis House in Washington, D.C. Much the same as New York's Fountain House, Otis House was formed after professionals from St. Elizabeth's Mental Health Program for the Deaf had considerable difficulty finding appropriate placements for clients ready to relocate into the community. With the help of a lawyer, a non-profit organization called The National Health Care Foundation for the Deaf, Inc. was formed, and hence started the Otis House project in 1972 (Boyd, 1978).

The organizational structure is similar to that of Vaughn House on a smaller scale. A board, part-time director and two resident counselors (both deaf) are the mainstay of the Otis House staff. Social Work and Home Economic students from Gallaudet College also work with the residents. Again, the stress is on independent living; this house is typical of a small family structure, so residents learn many skills by taking responsibility for run-

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ning a house (e.g., cleaning, cooking, and shopping).

There are currently five residents at Otis House; the capacity is six. Most of the residents have been in Otis House since 1972, and the age range is from twenty-three to forty-seven. All residents are required to have a daytime activity which includes a job, psychiatric day care, volunteer work, or training school. Currently, all five residents are working. According to one resident counselor, it would be feasible for two of their clients to move into the community (Boyd, 1978).

In 1977 a new director, Carol Shaeur, was appointed to Otis House. She implemented some new programs and improved the financial status of the house. More stress is being placed on independent living skills. Residents have their own social committee with an elected chairman, together they decide on a monthly activity, attend adult education classes, go to the store every Wednesday, and take cooking classes (Boyd, 1978).

The financial standing of the home was improved by (1) a newsletter publication concerning Otis House's program and needs, (2) more persons becoming aware of the facility and offering financial support, and (3) community outreach efforts. During a workshop on mental health at Gallaudet College, Ms. Shaeur gave some further suggestions for securing funds, such as to encourage memberships for varying fees, carry out a fund raiser signathon, check out all kinds of grant possibilities, and go to organizations to give lectures and slide presentations (1978). Residents can also pitch in. At Otis House they pay \$225 monthly, which covers two-thirds of the actual costs.

### Overview of Halfway House Programs for the Deaf

These three halfway house programs serving deaf persons demonstrate different approaches to setting up programs: (1) Locate an existing halfway house facility and integrate clients, providing additional staff with skills in total communication; or (2) set up a halfway house in conjunction with a workshop for deaf and multi-handicapped deaf persons continu-

ing to expand services as much as possible and relying in large part on outside vocational opportunities. Considerable leeway exists in establishing halfway houses, the only guidelines and standards being those dealing with housing regulations.

Other transitional living programs for deaf persons include the Seattle Speech and Hearing Center in Washington, Self Actualization Institute for the Deaf, Inc. in Los Angeles (SAID), Crossroads Rehabilitation Center in Indiana, and the Community Outreach Program for the Deaf in Arizona. All of these programs evolved from centers with multiple services for hearing impaired clients, including classes in independent living skills for residential and day care clients.

### Expanding Halfway House Services for the Deaf

The revised *Model State Plan for Vocational Rehabilitation of Deaf Clients* suggests that more special facilities cater to low-functioning deaf persons. One of the special facilities cited is the halfway house (transitional housing) which can provide, when staffed with skilled professionals, the support many young deaf adults need to make the adjustment from a residential school or other sheltered setting to that of independent living. This period of adjustment is a difficult one for many hearing persons; deafness amplifies many of the problems and must be addressed to optimize the rehabilitation effort (Schein, 1977, p.27). In 1976 a questionnaire was sent out to 50 states and 4 territorial agencies to determine the implementation of the model state plan. No detailed information is recorded on the halfway house programs. The published study of the results merely states that, "personal and work adjustment programs are not sufficiently available" (Schein, 1976, p.22).

### Grants

The federal government recognizes the need for more independent living programs. Section 701 of the recently passed Comprehensive Rehabilitation Service Amendments of 1978

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states its purpose is to authorize grants to assist states in providing comprehensive services for independent living designed to meet the current and future needs of individuals whose disabilities are so severe that they do not presently have the potential for employment, but may benefit from vocational rehabilitation services which will enable them to live and function independently (p.48).

Comprehensive services for independent living may include housing (including appropriate accommodation to and modification of any space to serve handicapped individuals), transportation and attendant care (Section 702, 1978). Appropriations for the Rehabilitation Amendments of 1978 are still pending.

Upon request from the commissioner, states submitting plans for comprehensive services for independent living get the first crack at a grant under the 1978 Rehabilitation Amendments. If a designated state unit does not submit a plan within six months, local public agencies or private nonprofit organizations within a state may file applications (711,

1978). Established, credible halfway house programs for deaf persons are in a good position to apply for a grant to expand services. If the groundwork for funding halfway house services is finished, the risk of folding when a grant expires is reduced.

Other grant possibilities exist. It often takes investigation, imagination, perseverance, and advocacy to see them through. Assistance may be sought from specialists, private consulting firms, or graduate students in administration. The *Grantsmanship Newsletter* is another informative resource.

### Conclusion

Isolation and lack of social skills are recognized problems of some deaf persons; existing halfway house programs for deaf persons have waiting lists; the government is promoting the idea of independent living for the handicapped. The time to set up halfway houses for deaf persons is now!

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